PART B - FEE(S) TRANSMITTAL

Complete and cand this form, together with applicable fee(s), to: Mail				Mail Stop ISSU Commissioner f P.O. Box 1450	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450		
AUU I . 200 III			or Fax	Alexandria, Vir	ginia 22313-1450		
or Fax (703) 746-4000 **NSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where indicated under correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated under corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. **CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)** Note: A certificate of mailing can only be used for domestic mailings of the							
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CARLSON, GASKEY & OLDS, P.C. 400 WEST MAPLE ROAD SUITE 350 BIRMINGHAM, MI 48009				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
08/18/2005 WABDELR3 00000071 09824276				Amy M. Sp	paulding	(Depositor's name) (Signature)	
01 FC:1501 02 FC:1504				August 1	5, 2005	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED I		VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/824,276 04/02/2001 Patrick L. Scheib 60446-170/00ZFM013 1018 TITLE OF INVENTION: FIRST GEAR/REVERSE GATE INDICATOR SWITCH							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700 	09/08/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
HANSEN, COLBY M				074-473120			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
• •				SIDENCE: (CITY and STATE OR COUNTRY)			
ZF Meritor, LLC			Maxton, NC				
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🗀 Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.							
 ☑ Issue Fee ☑ A check in the amount of the fee(s) is enclosed. ☑ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. 							
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Authorized Signature	Mo	Date	August 15, 2005				
Typed or printed name Karin H. Butchko Registration No. 45,864							
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							